

ISSUE SLIP STAFF E AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>8</i>		
O.I.P.E. CLASSIFIER		<i>49</i>	<i>8/30/01</i>
FORMALITY REVIEW	<i>SC</i>	<i>55</i>	<i>9/25/01</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	<i>8/1/01</i>
2	<i>8/1/01</i>
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Best Available Copy

If more than 150 claims or 10 actions  
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*530*  
*10-55-60*